



Indiana Pro Bono Commission  
230 East Ohio Street, Suite 400  
Indianapolis, IN 46204

## PRO BONO DISTRICT REPORT ON 2010 IOLTA FUNDING

Pro Bono District \_\_\_\_\_  
Program Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_, IN Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail address and website: \_\_\_\_\_  
Judicial Appointee: \_\_\_\_\_  
Plan Administrator: \_\_\_\_\_  
Names of Counties Served: \_\_\_\_\_  
Amount of grant received for 2010: \_\_\_\_\_

Please provide a short summary of how the provision of pro bono service is coordinated in your district, including the intake process, the relationships of pro bono providers in the districts, how referrals are made, and how reporting is done.

<b>ANNUAL TIMETABLE FOR IOLTA GRANT FORMS:</b>
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January, April, July & Oct.:	Quarterly IOLTA payments distributed
April 1:	Annual IOLTA report due to IPBC
July 1:	Annual IOLTA grant application due to IPBC
November:	Notification of awards
December 1:	IBF grant agreement due and revised budget due

**Please describe your District's 2010 activities—including committee meetings, training, attorney recognition, newspaper or magazine articles, marketing and promotion. Please explain your District's implementation of its plan for 2010.**

***2010 Activities continued***

**Please describe any special circumstances affecting your District's 2010 implementation of its plan.**

**YEAR-END BUDGET REPORT for 2010 for District # \_\_\_\_\_**

<b>Income Category</b>	<b>Final 2010 Income</b>
<b>A. INCOME</b>	
1. IOLTA Grant Amount	
2. Previous year IOLTA grant carryover	
Other Income: <i>Explain source in narrative</i>	
<b>3.</b>	
<b>4.</b>	
<b>5. Total Income (sum of lines A1-A4)</b>	<b>\$</b>
<b>Expense Category</b>	<b>2010 Actual Expenditures</b>
<b>B. PERSONNEL EXPENDITURES</b>	
1. Plan Administrator (Salary & FICA)	
2. Paralegals (Salary & FICA)	
3. Support Staff	
Other – <b>Please Explain</b>	
4. Employee Benefits	
a. Insurance (WC, Health, Life)	
b. Retirement plans	
c. Other- <b>Please Explain</b>	
<b>5. Total Personnel expenditures (sum of lines B1-B4c)</b>	<b>\$</b>
<b>C. NON-PERSONNEL EXPENSES</b>	
1. Occupancy (include utilities)	
2. Equipment Rental	
3. Office Supplies	
4. Telephone	
5. Travel	
6. Training/Conferences	
7. Library/Info. Technology	
8. Malpractice Insurance/D&O insurance	
9. Dues and Fees	
10. Marketing & promotion	
11. Attorney recognition	
12. Litigation expenses	
13. Equipment Acquisition	
14. Contract Services	
15. Grants to other pro bono providers	
16. Other- <b>Please Explain</b>	
<b>17. Total Non-Personnel Expenditures (sum of lines C1-C16)</b>	
<b>D. TOTAL EXPENDITURES (sum of B5 &amp; C17)</b>	
<b>E. ENDING FUND BALANCE (A5 less D)</b>	

## 2010 SUMMARY OF VOLUNTEER ATTORNEY CASES IN DISTRICT \_\_\_\_\_

*Summarizes volunteer, case and hour totals on following pages*

County of Case	Number of Volunteer Attorneys	Number of cases pending at beginning of 2010	Number of cases opened in 2010	Number of cases closed in 2010	Number of hours worked on case if closed in 2010 (include prior years' hours)
	<b>TOTAL:</b>	<b>TOTAL:</b>	<b>TOTAL:</b>	<b>TOTAL:</b>	<b>TOTAL:</b>
<b>2009 TOTALS</b>	2009 total:	2009 total:	2009 total:	2009 total:	2009 total:

Number of volunteer attorneys (as defined on p. 7) who provided pro bono representation for at least 50 hours during 2010: \_\_\_\_\_. Please list 50-hour attorney names below.

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Number and percentage of volunteer attorneys (as defined on p. 7) who rendered pro bono service to at least one low-income client during the year or who accepted a pro bono case in 2010 per registered attorneys in district, i.e. the district's pro bono participation rate:

# \_\_\_\_\_ % \_\_\_\_\_

Please also provide pro bono participation rates by county.

*Summarizes volunteer and hour totals on following pages*

County	Type of Activity
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**Number of potential clients requesting help in 2010 (limit this to actual intake done or sessions in which plan administrator or his/her delegate provided more than minimal assistance): \_\_\_\_\_**

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**2010 REPORT OF VOLUNTEER ATTORNEY CASES IN DISTRICT \_\_\_\_\_**

Please attach additional pages for each pro bono provider that receives IOLTA funding, whether directly or indirectly, in your district. See the sample additional pro bono provider on page 6.

Please list one case per each line in the chart below. The information provided in this chart, and the charts immediately following, should be for the calendar year 2010 and not the fiscal year.

**Definitions**

**Case:** A legal matter referred to and accepted by a pro bono attorney volunteer. This includes mediation and GAL services.

**Volunteer Attorney:** An attorney who has rendered pro bono service to at least one low-income client during the year or accepted a pro bono referral from the identified program. This does not include attorneys who are in the list of pro bono volunteers but who have never taken a case. The case numbers do not include cases screened, only cases actually referred to a pro bono attorney. This also includes an attorney who has worked solely on a pending pro bono case that was neither opened nor closed during the reporting year. Volunteer attorneys for modest means programs may be counted, as long as they are separately identified as such.

**Case Type:** Please use the abbreviations listed in the Indiana Supreme Court Administrative Rule 8(B)(3) or any other defined abbreviation. Please be sure to include the mortgage foreclosure code of MF, if applicable.

**Program Name** (includes legal service provider, court, plan administrator, bar association, and other organizations or individuals): \_\_\_\_\_

**IOLTA funding accounts for \_\_\_\_\_% of total pro bono provider budget. Please state the percentage of volunteers and cases which are attributable to IOLTA funding**

\_\_\_\_\_. **If this percentage is substantially more than the percentage of IOLTA funding, please explain.**

Volunteer Attorney Name	County of Case	Was case pending at beginning of 2010?	Was case opened in 2010?	Was case closed in 2010?	Number of hours worked on case if closed in 2010 (include prior years' hours)	Case type

**IOLTA funding accounts for \_\_\_\_% of total pro bono provider budget. Please state the percentage of volunteers and cases which are attributable to IOLTA funding \_\_\_\_\_. If this percentage is substantially more than the percentage of IOLTA funding, please explain.**

[illegible]





**Program Name** (includes legal service provider, court, **plan administrator**, bar association, and other organizations or individuals): \_\_\_\_\_

[illegible]